



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

# 2015 ANNUAL SURVEY OF MANUFACTURES

FORM

**MA-10000(L)** (11-03-2015)

OMB No. 0607-0449: Approval Expires 11/30/2017

**MA-10000**

**Need help or have questions?**

**Read** the accompanying information sheet(s) before answering the questions.

**Visit** <https://econhelp.census.gov/cosasm>

- OR -

**Call:**

**Mail** your completed form to:

**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47132-0001**

*(Please correct any errors in this mailing address.)*

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, Sections 131 and 182 authorizes this collection. Sections 224 and 225 require businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By Section 9 of the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

This collection has been approved by Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0449 and appears at the upper-right of the form/login screen. Without this approval, we could not conduct this survey.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

☒ 0 1 2 3 4 5 6 7 8 9

We estimate this survey will take an average of 3.5 hours to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: ECON Survey Comments 0607-0449, U.S. Census Bureau, 4600 Silver Hill Road, Room EMD-6K064, Washington, DC 20233. You may e-mail comments to [ECON.Survey.Comments@census.gov](mailto:ECON.Survey.Comments@census.gov). Be sure to use ECON Survey Comments 0607-0449 as the subject.

The reporting unit for this form is an **establishment** which is generally a single physical location where business is conducted or where services or industrial operations are performed. **Please read** the accompanying instructions before answering the questions.

**1 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2015 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021

☐

Yes - Go to **2**

0022

☐

No - Enter current EIN (9 digits) →

0025

--	--	--	--	--	--	--	--	--	--

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

## 2 PHYSICAL LOCATION

**A.** Is this establishment's physical location the same as shown in the mailing address?  
(P.O. Box and rural route addresses are not physical locations.)

0031 ☐ Yes - Go to line B

0032 ☐ No - Enter physical location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?  
(Mark "X" only ONE box.)

0041 ☐ Yes

0042 ☐ No

0043 ☐ No legal boundaries

0044 ☐ Do not know

**C.** In what type of municipality is this establishment physically located?  
(Mark "X" only ONE box.)

0046 ☐ City, village, or borough

0047 ☐ Town or township

0048 ☐ Other

0024 ☐ Do not know

## 3 OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2015?  
(Mark "X" only ONE box.)

0011 ☐ In operation

0016 ☐ Under construction, development, or exploration

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - Enter date at right.

0015 ☐ Sold or leased to another operator - Enter date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below.

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0018

0060 Name of new owner or operator

0061 EIN (9 digits)

0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.

0064 State

0065 ZIP Code

## 4 MONTHS IN OPERATION

Mark "X" if None

2015  
Number

Number of months in operation during 2015 (If none, mark "X" and go to 30.) . . . . . 0002

☐

**Where available, this form shows your establishment's prior year data in the 2014 column. The figures may differ from those actually reported because of changes made by the U.S. Census Bureau as a result of correspondence or a comparison with prior data. Check these figures and make any necessary corrections. If 2014 Inventories figures are not printed on your form, report these figures in 9, and if applicable, 10, 11, and 12.**

## EXAMPLE: HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars (**Divide dollar amount by 1,000**):

$$\$2,036,000.00 / 1,000 = \$2,036:$$

If a dollar value is "0" (or less than \$500.00):

Mark "X"  
if None

**Report** → ☐

**Report** → 

2015

\$ Bil.

Mil.

Thou,

11

3

5

10

2

03

## EXAMPLE

Mark "X"  
if None

2015

\$ Bil.

Mil.

Thou.

2014

\$ Thou.

- A.** Total value of products shipped and other receipts (Exclude freight charges and excise taxes. Report detail in **22**.) . . . . . 0100

- B.** Value of products exported (This is a breakout of the value reported on line A.)

Report the value of products shipped for export. (Include shipments to customers in the Commonwealth of Puerto Rico and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. Exclude products shipped for further manufacture, assembly, or fabrication in the United States.) . . . . .

- C. Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture**

- 1. Is this the only establishment of this firm?**

0907 ☐ Yes - Go to 6

0908 ☐ No - Go to line C2

- 2. Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture (*This is a breakout of the value reported on line A.*)** . . . . . 0905

- A.** Did this plant use any electronic network to control or coordinate the flow of any of the shipments of goods reported in **5**, line A? Or, were the orders for any of the shipments reported in **5**, line A, received over an electronic network?

### Electronic networks include:

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

0181 ☐ Yes - Go to line B

0182 ☐ No - Go to 7

- B.** Percent of total reported in **5**, line A, that were ordered, or whose movement was controlled or coordinated over electronic networks (*Report whole percents. Estimates are acceptable.*) . . . . . 0109

**CONTINUE ON NEXT PAGE**

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

## 7 EMPLOYMENT AND PAYROLL

### Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in **1**.
- Spread on stock options that are taxable to employees as wages.

### Exclude (Report the following in **16C**, lines 1 or 9.):

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.
- Purchased professional and technical services.

For further clarification, see information sheet(s).

### A. Number of employees

#### 1. Number of production workers for pay periods including:

Mark "X" if None

a. March 12 . . . . . 0325 ☐

b. June 12 . . . . . 0324 ☐

c. September 12 . . . . . 0344 ☐

d. December 12 . . . . . 0347 ☐

2. Add lines A1a through A1d . . . . . 0329 ☐

3. Average annual production workers (Divide line A2 by 4 - round to nearest whole number.) . . . . . 0335 ☐

4. All other employees for pay period including March 12 . . . . . 0336 ☐

5. TOTAL (Add lines A3 and A4.) . . . . . 0337 ☐

2015	2014
Number	Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

#### 1. Annual payroll

Mark "X" if None

a. Production workers . . . . . 0304 ☐

b. All other employees . . . . . 0305 ☐

c. TOTAL (Add lines B1a and B1b.) . . . . . 0300 ☐

2. First quarter payroll (January-March 2015) . . . . . 0310 ☐

2015			2014
\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### C. Number of hours worked by production workers (Annual hours worked by production workers reported on lines A1a through A1d.) . . . . . 0200 ☐

Mark "X" if None

2015	2014
Hours	Hours
Thou.	Thou.
<input type="text"/>	<input type="text"/>

CONTINUE WITH **7** ON PAGE 5

CONTINUE ON NEXT PAGE

10000040

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**7** EMPLOYMENT AND PAYROLL - Continued

**D.** Employer's annual cost for fringe benefits - Employer's annual cost for legally required programs and programs not required by law.

**1. Health insurance** - Insurance premiums on hospitals, medical plans, and single service plans such as dental, vision, and prescription drug plans. (Include premium equivalents for self-insured plans and fees paid to third party administrators (TPAs). Exclude disbursement from trusts or funds to satisfy health insurance claims. Do not include employee contributions.) . . . . . 0333

Mark "X" if None

2015			2014
\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**2. Pension plans**

**a.** Defined benefit pension plans - Costs for both qualified and non-qualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees. . . . 0335

☐

<input type="text"/>	<input type="text"/>	<input type="text"/>	
----------------------	----------------------	----------------------	--

**b.** Defined contribution plans - Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profit sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs). . . . . 0337

☐

<input type="text"/>	<input type="text"/>	<input type="text"/>	
----------------------	----------------------	----------------------	--

**3. Payroll taxes, employer paid insurance premiums (excluding health), and other employer paid benefits** - Include legally-required fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, Medicare). Include benefits for life insurance, "quality of life" benefits (e.g., childcare assistance, subsidized commuting, etc.), employer contributions to pre-tax benefit accounts (e.g., health savings accounts), education assistance, and other benefits not specified above. Exclude disbursements from trusts or funds to satisfy health insurance claims. . . . 0339

☐

<input type="text"/>	<input type="text"/>	<input type="text"/>	
----------------------	----------------------	----------------------	--

**4. TOTAL** (Add lines D1 through D3.) . . . . 0220

☐

<input type="text"/>	<input type="text"/>	<input type="text"/>	
----------------------	----------------------	----------------------	--

**8** Not Applicable.

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**9** VALUE OF INVENTORIES

**A.** Did this establishment own inventories, regardless of where held, at the end of 2015 and/or 2014?

0486 ☐ Yes - Go to line B

0487 ☐ No - Go to **13**

**B.** Report inventories owned by this establishment as of December 31 before Last-in, First-out (LIFO) adjustment (if any).

	Mark "X" if None	End of 2015			Mark "X" if None	End of 2014		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
<b>1.</b> Finished goods . . .	<input type="checkbox"/> 0461				<input type="checkbox"/> 0471			
<b>2.</b> Work-in-process . . .	<input type="checkbox"/> 0463				<input type="checkbox"/> 0473			
<b>3.</b> Materials, supplies, fuels, etc. . . . .	<input type="checkbox"/> 0462				<input type="checkbox"/> 0472			
<b>4. TOTAL</b> (Add lines B1 through B3.) . . . . .	<input type="checkbox"/> 0460				<input type="checkbox"/> 0470			

**10** INVENTORIES BY VALUATION METHOD (non-LIFO methods)

Report how much of the inventory reported in **9**, line B4, is subject to the following valuation methods.

	Mark "X" if None	End of 2015			Mark "X" if None	End of 2014		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
<b>A.</b> First-in, First-out (FIFO) .	<input type="checkbox"/> 0498				<input type="checkbox"/> 0496			
<b>B.</b> Average cost . . . . .	<input type="checkbox"/> 0502				<input type="checkbox"/> 0500			
<b>C.</b> Standard cost . . . . .	<input type="checkbox"/> 0506				<input type="checkbox"/> 0504			
<b>D.</b> Other non-LIFO valuation method(s) - Specify method ↴								
0895 <input type="text"/>	<input type="checkbox"/> 0487				<input type="checkbox"/> 0485			
<b>E. TOTAL</b> (Add lines A through D.) . . . . .	<input type="checkbox"/> 0499				<input type="checkbox"/> 0509			

10000065

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

# 11 INVENTORIES BY LAST-IN, FIRST-OUT (LIFO) VALUATION METHOD

**A.** Did this establishment use the Last-in, First-out (LIFO) method of valuation for any inventories?

☐ Yes - Go to line B  
0481

☐ No - Go to 12  
0482

**B.** Of the value on 9, B4, report:

	Mark "X" if None	End of 2015			Mark "X" if None	End of 2014		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
1. Amount subject to LIFO (gross LIFO amount) . . . . .	<input type="checkbox"/> 0465				<input type="checkbox"/> 0475			
2. Amount <b>not</b> subject to LIFO (Should equal 10, line E.) . . .	<input type="checkbox"/> 0539				<input type="checkbox"/> 0553			
3. <b>TOTAL</b> (Add lines 1 and 2; should equal 9, line B4.) . . . . .	<input type="checkbox"/> 0510				<input type="checkbox"/> 0508			
<b>C.</b> LIFO reserve . . . . .	<input type="checkbox"/> 0466				<input type="checkbox"/> 0476			

# 12 INVENTORIES OUTSIDE OF THE UNITED STATES

**A.** Of the total inventories reported in 9, line B4, were any stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?

0256 ☐ Yes - Go to line B

0257 ☐ No - Go to 13

**B.** Report the total value of these inventories (**Do not report** inventory held in Foreign Trade Zones or in bonded warehouses in the U.S.)  
(Please see <http://enforcement.trade.gov/ftzpage/info/ftzstart.html> for more detailed definitions.)

	Mark "X" if None	End of 2015			Mark "X" if None	End of 2014		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
	<input type="checkbox"/> 0261				<input type="checkbox"/> 0260			

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**13 CAPITAL EXPENDITURES**

(Refer to the instructions on how to report leasing arrangements.)

**A. Capital expenditures for new and used depreciable assets spent in 2015**

Mark "X" if None

1. Capital expenditures for new and used buildings and other structures (Exclude land.) . . . . . 0525 ☐
2. Capital expenditures for new and used machinery and equipment . . . . . 0530 ☐
3. **TOTAL** (Add lines A1 and A2.) . . . . . 0520 ☐

2015			2014
\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**B. Breakdown of expenditures for new and used machinery and equipment by type (Reported on line A2.)**

1. Automobiles, trucks, etc., for highway use . . . . . 0522 ☐
2. Computers and peripheral data processing equipment . . . . . 0523 ☐
3. All other expenditures for machinery and equipment . . . . . 0524 ☐
4. **TOTAL** (Add lines B1 through B3, should equal 13, line A2.) . . . . . 0529 ☐

<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**14 RENTAL PAYMENTS**

(Exclude capital leases which are leases with a contract to own at the end of the lease. Include operating leases.)

Mark "X" if None

- A. Rental or lease of buildings, job-site trailers and other structures (Include land.) . . . . . 0551 ☐
- B. Rental or lease of machinery and equipment (Include construction equipment, tools, office equipment, furniture, and vehicles.) . . . . . 0552 ☐
- C. **TOTAL** (Add lines A and B.) . . . . . 0550 ☐

2015			2014
\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**15 Not Applicable.**

10000081





If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**16** SELECTED EXPENSES**A.** Selected production related costs

Mark "X"  
if None

1. Cost of materials, parts, containers, packaging, etc. used . . . . . 0421 ☐

2. Cost of products bought and sold without further processing (Report sales in **22** under census product code 9998991.) . . . . . 0426 ☐

3. Cost of purchased fuels consumed for heat, power, or the generation of electricity . . . . . 0430 ☐

4. Cost of purchased electricity (Report comparable quantity on line B1.) . . . . . 0425 ☐

5. Cost of work done for you by others on your materials . . . . . 0424 ☐

6. **TOTAL** (Add lines A1 through A5.) . . . . . 0420 ☐

2015			2014
\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**B.** Quantity of Electricity

Mark "X"  
if None

1. Purchased electricity (Quantity comparable to cost reported on line A4.) . . . . . 0436 ☐

2. Generated electricity (Gross less generating station use.) . . . . . 0437 ☐

3. Electricity sold or transferred to other establishments (Also include on lines B1 or B2.) . . . . . 0438 ☐

2015			2014
Kilowatt-hours			Kilowatt-hours
Bil.	Mil.	Thou.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

CONTINUE WITH **16** ON PAGE 10

10000099

CONTINUE ON NEXT PAGE



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

## 22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

**General** - The manufactured products and services listed below are generally made in your industry. **If you make products that are not listed, please enter a description of your products in column (a) and enter their value in column (c) in the blank lines provided in Item 22.** If additional lines are needed please use the "REMARKS" section. PLEASE DO NOT COMBINE PRODUCT LINES.

If the information as requested cannot be taken directly from your book records, **REASONABLE ESTIMATES ARE ACCEPTABLE.**

**Valuation of Products** - Report the value of the products shipped and services performed at the net selling value, f.o.b. plant to the customer; i.e., after discounts and allowances, and exclusive of freight charges and excise taxes. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line(s). Exports and interplant transfers should also be reported separately in **5**.

**Contract Work** - REPORT PRODUCTS MADE BY OTHERS FOR YOU FROM YOUR MATERIALS on the specific lines as if they were made in this establishment. On the other hand, DO NOT REPORT on the specific product lines PRODUCTS THAT YOU MADE FROM MATERIALS OWNED BY OTHERS. Report only the amount that you received for "commission or contract receipts" under Census code 9998992.

**Resales** - DO NOT REPORT on the specific product lines those PRODUCTS BOUGHT AND SOLD OR TRANSFERRED FROM OTHER ESTABLISHMENTS OF YOUR COMPANY AND SOLD WITHOUT FURTHER MANUFACTURE. Report only a value under Census code 9998991, "Resales." Report the corresponding cost in **16**, line A2.

Products and services  (a)	Product Class code  (b)	Products shipped and other receipts, including interplant transfers and exports			
		Value, f.o.b. plant			
		2015 (c)			2014 (d)
		\$ Bil.	Mil.	Thou.	\$ Thou.
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				

CONTINUE ON NEXT PAGE

10000115



## Form MA-10000(L)

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**23-29** Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

☐

Yes

☐

No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report

Title

Area code	Number	Extension	Area code	Number

Tele-  
phone

Fax

Internet e-mail address

Date completed →

Month	Day	Year

**Thank you for completing your 2015 ANNUAL SURVEY OF MANUFACTURES form.**

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

10000123